

## South Carolina Workers' Compensation Commission

### Employee of the Year Evaluation Form

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

Nominee: \_\_\_\_\_

Assign a point value from 1 - 5 for each criteria listed below by typing an X in the appropriate box.

Basic Criteria	Strongly Disagree 1	Disagree 2	Neither Agree or Disagree 3	Agree 4	Strongly Agree 5	Total Weight Factor
Quality of Work						0 X 30% = 0
Adherence to Commission Policies and Procedures						0 X 30% = 0
Organizational Commitment						0 X 25% = 0
Other Contributions						0 X 10% = 0
Participated in the Nomination Process		Yes		No		0 X 5% = 0
						<b>Total Points 0</b>